U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U-	2 Fiscal Vear Covered From:			
1. The Mullion O. Complainment of the Complain	2. Fiscal Year Covered From:			
	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	Name, file number, and address of labor organization.			
Name Henry J Kirkconnell	Name Plumbers AFL-CIO Local Union 494			
	Labor Organization File Number 044-082			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 1246 Locust Avenue	Street 1246 Locust Avenue			
City Long Beach	City Long Beach			
State California ZIP Code + 4 90813-3115	State California ZIP Code + 4 90813-3115			
5. Position in labor organization. Fin. Secy./Treas.(Retired 8/	1/2004)			
Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the excl	ouse or minor child directly or indirectly had any of the following interests usions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of ion represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Vince in insur-transition to contribute in a contribute in the con	7.b. Amount.			
Street St				
City	Fether Attendance and Attendance and Account of the Attendance of			
7.75				
State ZIP Code + 4				
Sign	nature			
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ving documents), has been examined by the signatory and is, to the best of the			
dl = 1				
Signed Huy Trikconnell	On 08/11/2005 562-436-1082			
	Date Telephone Number			

Name of Person Filing Henry Kirkconnell		File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any). Name So. Cal. Pipe Trades Administrative Corp. Trade Name, if any: So. Cal. Pipe Trades P.O. Box, Bldg., Room No., if any Sth Floor Street 501 Shatto Place City Los Angeles State California ZIP Code + 4 90020	9. Business deals with: a. Labor Organization b. Trust c. Employer				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ng.			
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	Trustee Meetings				
Street	11 b. Approximate dellar valu	o of ough dealing			
City	Approximate dollar value of such dealing. Nature of interest held or income received.				
State ZIP Code + 4	Meals while attending Trustee Meetings.				
	12.b. Amount.		\$145		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	aga agang garagan ang bang an andag galam a mangah agan aga Ay Manay an an an	to Made and an angle of the second place of th		
Name			THE PROPERTY OF STREET		
Trade Name, if any:	DOMESTIC OF THE PROPERTY OF TH		even dimensioners.		
P.O. Box, Bldg., Room No., if any	Topic of the state		All made to a second		
Street	**Transaction		ne son (American		
City	900/000mm-s-c	•	Volumentales in com-		
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		gravitation production for the second constraint of the experiment of the second constraint of t		